



**STATE OF MAINE**  
**Bureau of Insurance**

*34 State House Station  
Augusta, ME 04333-0034*

**Application for Surplus Lines Eligibility**

<u>Name of Insurer:</u>
<u>Home office address:</u>
<u>Phone Number:</u>
<u>Location of Principal office in the United States:</u>
<u>Whether a</u> <input type="checkbox"/> Stock, <input type="checkbox"/> Mutual, <input type="checkbox"/> Reciprocal or <input type="checkbox"/> other type of business organization: if Other _____(pursuant to Rule 160 (4) (a))
Name of officers principal to the conduct of Insurance Business (pursuant to Rule 160 (4)(a)) -provide as Exhibit A-:

The insurer hereby applies to the State of Maine for surplus lines eligibility, subject to the approval of the Superintendent and to such changes as the legislature may prescribe by direct or retaliatory methods, and to the strict observance of all laws or amendments thereto, which may be prescribed by statute for the regulation of the insurance business in maine, and in conformity with the charter and by-laws of said company and the reasonable rules of procedure provided by the Bureau of Insurance.

By signing this application, the President, Secretary and Treasurer or Attorney-in-Fact herein represent that the company has fully complied with the provisions of its charter and by-laws, in the state or country of incorporation, that the company is in sound financial condition and that its methods of underwriting and conducting business are known and permitted by the insurance officials of the state or country where incorporated and are approved by the directors of the Company.

\_\_\_\_\_  
Chief Operations Officer (signature)

\_\_\_\_\_  
Chief Operations Officer (printed name)

IN WITNESS WHEREOF, the said Company has  
affixed its seal and caused this application to be  
signed by the President, Secretary, Treasurer  
and/or Attorney-in-Fact on this \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ 20\_\_\_\_.